

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED
Date Stamp

CALIFORNIA
FORM

460

Page 1 of 10

For Official Use Only

OCT 05 2000

CITY OF SANTA MARIA

City Clerk

Date of election if applicable:
(Month, Day, Year)

11-7-00

Statement covers period

from 1-1-00

through 9-30-00

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate Controlled Committee
(Also Complete Part 4.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed
- ☐ Controlled
- ☐ Sponsored
- (Also Complete Part 5.)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 6.)
- ☐ General Purpose Committee
- ☐ Sponsored
- ☐ Broad Based

2. Type of Statement:

- ☒ Pre-election Statement
- ☐ Quarterly Statement
- ☐ Semi-annual Statement
- ☐ Special Odd-Year Report
- ☐ Termination Statement
- ☐ Supplemental Pre-election Statement - Attach Form 495
- ☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER
1227669

Treasurer(s)

COMMITTEE NAME

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

Alice Patino for City Council

2450 Professional Parkway Ste 220

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

2450 Professional Parkway Ste 220

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93455 (805) 346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS

CITY

STATE ZIP CODE

AREA CODE/PHONE

CITY

STATE ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

Campaign Disclosure Statement
Summary Page

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA
FORM 460

Statement covers period
from 7/1/00 through 9/30/00

Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

I.D. NUMBER

1227669

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B*
TOTAL PREVIOUS PERIOD
(SEE NOTE BELOW)

Column C
TOTAL TO DATE
(COLUMNS A + B)

1. Monetary Contributions Schedule A, Line 3 \$ 7,209.00
2. Loans Received Schedule B, Line 7 \$ -0-
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 7,209.00
4. Nonmonetary Contributions Schedule C, Line 3 \$ -0-
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 7,209.00

Expenditures Made

6. Payments Made Schedule E, Line 4 \$ 1,605.44
7. Loans Made Schedule H, Line 7 \$ -0-
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 1,605.44
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ -0-
10. Nonmonetary Adjustment Schedule C, Line 3 \$ -0-
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 1,605.44

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ -0-
13. Cash Receipts Column A, Line 3 above \$ 7,209.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ -0-
15. Cash Payments Column A, Line 8 above \$ 1,605.44
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 5,603.56

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$ -0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ -0-
19. Outstanding Debts Add Line 2 + Line 8 in Column C above \$ -0-

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

20. Contributions Received 1/1 through 6/30 \$ 7/1 to Date
21. Expenditures Made \$

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 7-1-00 and
through 9-30-00

Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

I.D. NUMBER

1227669

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8-28-00	Tom Martinez 1641 E. Coral Dr Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Architect Tom Martinez & Assoc	100.00	100.00	-0-
8-28-00	Georganne Ferini 308 Ebb Tide Way Pismo Beach, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Housewife	1,000.00	1,000.00	-0-
8-28-00	John Roffoni 122 E. Betteravia Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Senior Vice President Stock Broker First Union Security	200.00	200.00	-0-
9-5-00	Royce Lewellen 5745 Oakhill Dr Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	1,000.00	1,000.00	-0-
9-20-00	Peggy Salas 4325 Tepusquet Rd Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Salas, Inc.	600.00	600.00	-0-
SUBTOTAL \$				2,900.00		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 6,200.00
- Amount received this period - unitemized contributions of less than \$100 \$ 1,009.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,209.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-00 Aug
through 9-30-00

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I.D. NUMBER
1227669

CALIFORNIA **460**
FORM

NAME OF FILER	DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
Alice Patino for City Council							
	9-20-00	Rudy Molina 160 N. Gray St Orcutt, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Solaris properties Property Management	100.00	100.00	-0-
	9-20-00	Manfred Sander Almar Ranch Box 593 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired Rancher	250.00	250.00	-0-
	9-20-00	Jim Glines 1435 Genoa Way Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Community Bank of Santa Maria Proposed	100.00	100.00	-0-
	9-20-00	Joseph Maloney 600 E. Stowell Rd Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self Employed Magnez Maloney Funeral Home	100.00	100.00	-0-
	9-25-00	Alamo Farming Company, Inc 10200 Alamo Creek Rd Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	-0-
	9-25-00	Marjorie Ziemba 754 Miles Ave Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	-0-
SUBTOTAL \$					750.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-00</u> <i>aug.</i>		CALIFORNIA 460 FORM
through <u>9-30-00</u>	Page <u>6</u> of <u>10</u>	
ID. NUMBER 1227669		

NAME OF FILER

Alice Patino for City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-25-00	Ed Murray 810 Fairway Vista Dr Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Investment Broker Morgan Stanley- Dean Witter	100.00	100.00	-0-
9-25-00	Johannah Bradley 350 Cameron Ave Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	SM High School Educator	100.00	100.00	-0-
9-25-00	Joe Olivera 830 Haslem Dr Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self Employed Olivera Investment	100.00	100.00	-0-
9-25-00	Bill Hares 914 S. Mc Clelland St Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Community Bank of Santa Maria Proposed	100.00	100.00	-0-
9-27-00	Dale Johnson 1302 W. Stowell Rd Santa Maria, CA 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Sure Fresh Produce, Inc.	100.00	100.00	-0-
9-29-00	Patrick Ferini P.O. Box 5079 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Betteravia Farms	500.00	500.00	-0-
SUBTOTAL \$1,000.00						

*Contributor Codes

IND - Individual
COM - Recipient Committee
OTH - Other

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-00 *Amf*
through 9-30-00
Page 7 of 10
CALIFORNIA FORM 460
I.D. NUMBER 1227669

NAME OF FILER Alice Patino for City Council						
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-25-00	Jim Kelly 1157 E. Clark Ste 6 Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	President Main Stream Financial, Inc.	100.00	100.00	-0-
9-25-00	Lawnae Hunter 1660 B. S. Broadway Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self Employed Hunter Realty	250.00	250.00	-0-
9-25-00	George Hamill 5980 Oakhill Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Contrroller Union Asphalt	100.00	100.00	-0-
9-25-00	Steve Will PO Box 5050 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Construction Union Asphalt	500.00	500.00	-0-
9-25-00	Fred Donati 1000 S. Broadway Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self Employed Fred Donati, C.L.U.	100.00	100.00	-0-
9-25-00	Steve Siri 4671 Crimson Court Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Glad-A-Way Gardens	100.00	100.00	-0-
SUBTOTAL \$				1,150.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1/1/00 *encl.*
through 9/30/00

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CALIFORNIA **460**
FORM

I.D. NUMBER
1227669

NAME OF FILER

Alice Patino for City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-30-00	Betteravia Farms PO Box 5845 Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		300.00	300.00	-0-
9-30-00	Joe Hagerman 117 E. Morrison Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	-0-
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$				400.00		

*Contributor Codes

IND - Individual
COM - Recipient Committees
OTH - Other

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA 460
FORM

Statement covers period
from 7-1-00
through 9-30-00

Page 9 of 10
I.D. NUMBER
1227669

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LIT campaign literature and mailings
MTG meetings and appearances

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 201 E.. Battles Rd Santa Maria, CA 93454	POS		100.00
Vertrees Printing 406 W. Main Santa Maria, CA 93454	LIT		247.23
Sign Shoppe 4011 Sara Ct. Santa Maria, CA 93455	CMP		646.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 993.73

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 1,538.94
2. Unitemized payments made this period of under \$100 \$ 66.50
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 1,605.44

Schedule E (Continuation Sheet) Payments Made

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA
FORM
460

Statement covers period
from 1/1/00 to 9/30/00

Page 10 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

I.D. NUMBER

1227669

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Graphic Systems
403 North "G" Street
Lompoc, CA 93436

CODE OR

CMP

DESCRIPTION OF PAYMENT

AMOUNT PAID

545.21

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 545.21